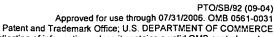
PTO/SB/17 (07-06)

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Under the Pa Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known ant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/851674 Application Number TRANSMIT May 09, 2001 Filing Date For FY 2005 Akhileswar Ganesh Vaidyanathan, Et Al. First Named Inventor Examiner Name Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1631 **TOTAL AMOUNT OF PAYMENT** (\$) 500.00 CL1666USNA Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 04-1928 Deposit Account Name: E. I. du Pont de Nemours and Company For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity **Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 200 0.00 500 250 100 200 0.00 Design 100 130 100 50 65 0.00 Plant 200 100 300 160 150 80 0.00 Reissue 300 150 500 250 600 300 0.00 **Provisional** 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 180 360 **Total Claims Extra Claims** Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) 50.00 - 20 or HP = X Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. YES 360.00 Extra Claims Indep. Claims Fee (\$) Fee Paid (\$) 200.00 - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Number of each additional 50 or fraction thereof Extra Sheets Fee (\$) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x 250.00 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Appeal Brief Fee pursuant to 37 CFR 41.20(b)(2) 500.00 SUBMITTED BY

Registration No. 27,456 Signature Telephone (302) 892-7915 Attorney/Agent) Date _S Name (Print/Type) George M. Medwick

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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